

Pat McCrory, Governor

Frank L. Perry, Secretary

**MEMORANDUM**

**TO:** Chairs of Senate Appropriations Committee on Justice and Public Safety  
Chairs of House Appropriations Committee on Justice and Public Safety  
Chairs of Senate Appropriation Subcommittee on Justice and Public Safety  
Chairs of House Appropriation Subcommittee on Justice and Public Safety

**FROM:** Frank L. Perry, Secretary  
W. David Guice, Commissioner

**RE:** Substance Abuse Program Annual Report

**DATE:** March 1, 2015

Pursuant to G.S. 143B-707, *Division of Adult Correction of the Department of Public Safety shall report by March 1 of each year to the Chairs of the Senate and House Appropriations Committees and the Chairs of the Senate and House Appropriations Subcommittees in Justice and Public Safety on their efforts to provide effective treatment to offenders with substance abuse problems. The report shall include:*

- (1) Details of any new initiatives and expansions or reduction of programs.*
- (2) Details on any treatment efforts conducted in conjunction with other departments.*
- (3) Utilization of the community-based programs at DART-Cherry and Black Mountain Substance Abuse Treatment Center for Women.*
- (4), (5) Repealed by Session Laws 2007-323, s. 17.3(a), effective July 1, 2007.*
- (6) Statistical information on the number of current inmates with substance abuse problems that require treatment, the number of treatment slots, the number who have completed treatment, and a comparison of available treatment slots to actual utilization rates. The report shall include this information for each DOC funded program.*
- (7) Evaluation of each substance abuse treatment program funded by the Division of Adult Correction of the Department of Public Safety. Evaluation measures shall include reduction in alcohol and drug dependency, improvements in disciplinary and infraction rates, recidivism (defined as return-to-prison rates), and other measures of the programs' success. (1998-212, s. 17.12(d); 2003-284, s. 16.19; 2007-323, s. 17.3(a); 2011-145, s. 19.1(h), (s); 2012-83, s. 51.)*

**MAILING ADDRESS:**  
4201 Mail Service Center  
Raleigh, NC 27699-4201  
Telephone: (919) 733-2126



[www.ncdps.gov](http://www.ncdps.gov)  
An Equal Opportunity employer

**OFFICE LOCATION:**  
512 N. Salisbury Street  
Raleigh, NC 27604  
Fax: (919) 715-8477



**DEPARTMENT OF PUBLIC SAFETY**

*Division of Adult Correction and Juvenile Justice*

**SUBSTANCE ABUSE TREATMENT PROGRAMS  
ANNUAL REPORT  
N.C.G.S. §143B-707**

**March 1, 2015**

**Pat McCrory  
Governor**

**W. David Guice  
Commissioner**

**Frank L. Perry  
Secretary**

## TABLE OF CONTENTS

<u>Executive Summary</u> .....	4
<u><a href="#">Introduction and Overview</a></u> .....	8
<u>Details of any New Initiatives and Expansions or Reductions of Programs</u> .....	16
<u>Details on any Treatment Efforts Conducted in Conjunction with other Departments</u> ....	18
<u>Utilization of the Community-Based Programs at DART Cherry and Black Mountain Substance Abuse Treatment Center for Women</u> .....	19
<u>Statistical Information on each Division of Adult Correction Program:</u>	
♦ The Number of Current Inmates with Substance Abuse Problems that Require Treatment,	
♦ The Number of Treatment Slots,	
♦ The Number Who Have Completed Treatment, and	
♦ A Comparison of Available Treatment Slots to Actual Utilization Rates .....	22
<u><a href="#">Evaluation of each Substance Abuse Treatment Program Funded by the Division of Adult Correction Based on:</a></u>	
♦ Reduction in Alcohol and Drug Dependency,	
♦ Improvements in Disciplinary and Infraction Rates,	
♦ Recidivism (Defined as Return-To-Prison Rates), and Other Measures . . . . .	30

**North Carolina Department of Public Safety  
Alcoholism and Chemical Dependency Programs Section  
2013-2014 Annual Report to the N. C. General Assembly**

**G.S. §143B – 707. Reports to the General Assembly.**

The Division of Adult Correction of the Department of Public Safety shall report by March 1 of each year to the Chairs of the Senate and House Appropriations Committees and the Chairs of the Senate and House Appropriations Subcommittees in Justice and Public Safety on their efforts to provide effective treatment to offenders with substance abuse problems. The report shall include:

- (1) Details of any new initiatives and expansions or reduction of programs.
- (2) Details on any treatment efforts conducted in conjunction with other departments.
- (3) Utilization of the community-based programs at DART Cherry and Black Mountain Substance Abuse Treatment Center for Women.
- (4), (5) Repealed by Session Laws 2007-323, s.17.3 (a), effective July 1, 2007.
- (6) Statistical information on the number of current inmates with substance abuse problems that require treatment, the number of treatment slots, the number who have completed treatment, and a comparison of available treatment slots to actual utilization rates. The report shall include this information for each DPS funded program.
- (7) Evaluation of each substance abuse treatment program funded by the Division of Adult Correction of the Department of Public Safety. Evaluation measures shall include reduction in alcohol and drug dependency, improvements in disciplinary and infraction rates, recidivism (defined as return-to-prison rates), and other measures of the programs' success.

## **EXECUTIVE SUMMARY**

The mission of the Alcoholism and Chemical Dependency Programs Section (ACDP) is to deliver effective and comprehensive substance abuse treatment services to eligible North Carolina Department of Public Safety (DPS) offenders deemed chemically dependent and appropriate. Contemporary research demonstrates a high correlation between therapeutic interventions in an offender's substance abuse problem and a significant reduction in recidivism or re-arrest and subsequent re-incarceration.

ACDP continues to take significant strides in the implementation of evidence-based male and female programs, delivered by well-trained and clinically supervised professionals, in both community and prison-based treatment environments.

During the fiscal year 2013-2014, based on statistical analysis by the Office of Rehabilitative Programs and Services of ACDP program success continue to rise, as described in the final section of this document. Most important is data demonstrating the substance abuse treatment continuum reduces the rate of recidivism among those who complete the program and indicates constructive change in both addictive and criminal thinking patterns among participants.

As the field of addiction services evolves, ACDP remains committed to ongoing self-evaluation and professional development. These efforts ensure offenders receive the latest evidence-based best practices. Program improvement initiatives are critical to this process.

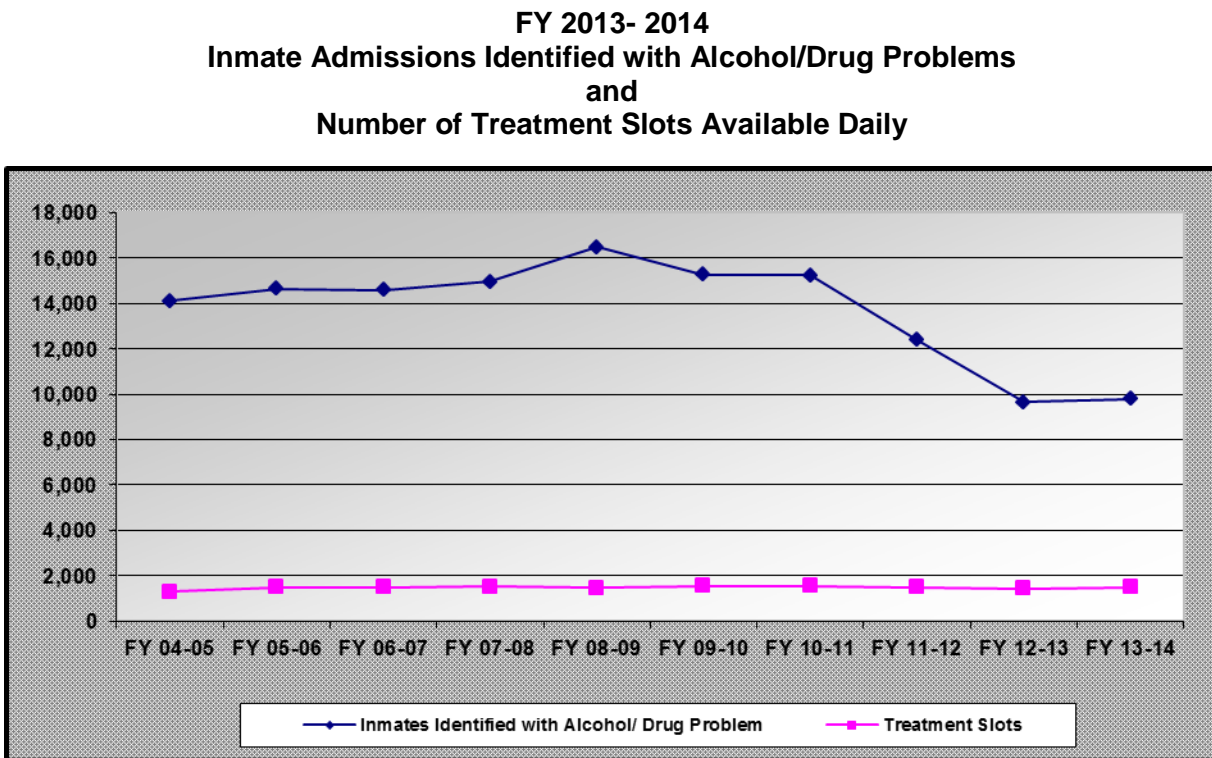
## **TREATMENT NEEDS**

ACDP staff members utilize the Substance Abuse Subtle Screening Inventory (SASSI) to screen new prison admissions at the diagnostic centers to identify inmates with chemical dependence and the appropriate level of treatment needed. Below is a statistical snapshot of the fiscal year 2013-2014 prison admissions SASSI testing results:

- Of the 16,525 inmates screened, 59% or 9,797 indicated a need for intermediate or long-term substance abuse treatment.
- Of the 1,862 adult female inmates screened 68% or 1,264 indicated a need for intermediate or long-term substance abuse treatment.
- Of the 1,961 youthful male inmates (under 22) screened, 63% or 1,227 indicated a need for intermediate or long-term substance abuse treatment.

## TREATMENT RESOURCES

During the fiscal year 2013-2014, ACDP resources were such that one in four inmates had the opportunity for placement in a long-term program and one in two inmates had the opportunity for placement in an intermediate program. The graph below reflects the number of inmate admissions from fiscal year 2006-2007 through fiscal year 2013-2014 identified as having a drug and/or alcohol problem during the admission process and the total number of treatment slots available daily to that population.



Without additional resources, the gap between the chemically-dependent treated offender and the chemically-dependent untreated offender will continue resulting in offenders returning to our communities without treatment. In the interest of public health and safety, ACDP will continue to strengthen its substance abuse treatment services offered to the offender population to the extent possible in the current economic time.

## TREATMENT PROGRAM COSTS

The DPS Controller's Office computes agency and program costs annually. The figures below are for FY 2013-2014.

- The average cost per day per offender for the DART Cherry facility was \$60.37.
- The average cost per day per offender for the Black Mountain Substance Abuse Treatment Center for Women was \$128.12.
- The average cost per day per inmate in a prison-based program was \$74.57. These cost estimations are calculated using the program and custody costs. ACDP per day per inmate prison-based program costs was \$15.90.

## **STAFF RECRUITMENT AND RETENTION**

In September 2005, ACDP staff and operations were directly affected by changes to state law (G.S. § 90-113.40) regarding professional credentialing of clinical staff. The changes mandated certification/licensure for all substance abuse professionals, created a new credential, the Certified Criminal Justice Addiction Professional (CCJP), and established new clinical supervision requirements for clinical practice.

ACDP has effectively addressed the practice standards established in the legislation and is able to provide all clinical supervision and most training requirements for credentialing at no cost to the professional staff. However, competitive pressure remains between public and private providers for credentialed substance abuse professionals, with the competition varying in different areas of the state. It continues to be a challenge for ACDP to remain an attractive employment option, as professionals consider work within the prison environment, limitations on compensation within the state personnel system, and anticipated erosion of benefits due to budget shortfalls.

Limited resources, staff recruitment challenges related to state salary guidelines, demanding work environments, and professional credentialing requirements remain obstacles to fulfilling the primary goal of ACDP – to provide effective treatment services to all offenders who show a demonstrated need.

The following page provides a summary of ACDP substance abuse treatment programs by program type and length of treatment.

**Table 1 – FY 2013-2014 ACDP Programs by Type of Program,  
Target Population and Program Length**

Facility		Treatment Slots	Length of Treatment
<b>Community Residential Treatment Programs</b>			
Male	DART Cherry	300	90 Days
Female	Black Mountain Substance Abuse Treatment Center for Women	60	90 Days
<b>Total</b>		<b>360</b>	
<b>Intervention Program</b>			
Male	*Neuse Correctional Institution	<b>32</b>	35-90 Days
<b>Total</b>		<b>32</b>	
<b>Intermediate Treatment Programs</b>			
Adult Male	*Alexander Correctional Center	41	90 Days
	Catawba Correctional Center	32	90 Days
	Craggy Correctional Center	68	90 Days
	*Harnett Correctional Institution	33	90 Days
	Lumberton Correctional Institution	64	90 Days
	Pender Correctional Institution	106	90 Days
	Piedmont Correctional Institution (Med)	96	90 Days
	Piedmont Correctional Institution (Min)	33	90 Days
	Rutherford Correctional Center	34	90 Days
Female	NC Correctional Institution for Women (ST)	68	90 Days
	Swannanoa Correctional Center for Women	90	90 Days
<b>Total</b>		<b>665</b>	
<b>Long-Term Treatment Programs</b>			
Adult Male	Dan River PWF (RSAT)	68	180-365 Days
	Morrison Correctional Institution	88	180-365 Days
Youth Male	Polk Correctional Institution (RSAT)	32	180-365 Days
Female	Fountain Correctional Center for Women	42	120-180 Days
	NC Correctional Institution for Women (LT)	34	180-365 Days
	*Southern Correctional Institution (RSAT)	32	180-365 Days
<b>Total</b>		<b>296</b>	
<b>Total Treatment Slots</b>		<b>1,353</b>	

\* Startup dates:

- ♦ Southern Correctional Institution (RSAT) 8/10/2013
- ♦ Neuse Correctional Institution 9/28/2013
- ♦ Harnett Correctional Institution 9/4/2013
- ♦ Alexander Correctional Center 1/27/2014



## **INTRODUCTION AND OVERVIEW OF ACDP**

The Alcoholism and Chemical Dependency Programs Section (ACDP) is a major component of the Division of Adult Correction within the Department of Public Safety (DPS). Its mission is to plan, administer, and coordinate chemical dependency screening, assessment, and treatment services for offenders. Throughout ACDP, there are 220 positions including state-level administration, two district office teams, two community-based programs and prison-based program staff. ACDP provides regular training and clinical supervision for clinical staff, encourages staff input as to program development and is committed to activities directed at leadership development for program and district management teams.

### **BEST PRACTICE**

ACDP implements programs that reflect “best practices” for intervention and treatment, as established by the National Institute on Drug Abuse (NIDA) and the national Substance Abuse and Mental Health Services Administration (SAMSHA). It embraces programs based on cognitive-behavioral interventions, which challenge criminal thinking and confront the abuse and addiction processes as identified by program participants and are proven to reduce recidivism. In addition, ACDP provides information and education on traditional recovery resources available to offenders while in prison and upon return to the community. The male intervention program is designed for offenders incarcerated for DWI. The program uses cognitive behavioral interventions, incorporates evidence-based modules and utilizes a state-sanctioned curriculum that addresses changing behaviors and attitudes associated with drinking and driving. The male programs utilize “A New Direction” curriculum, an evidence-based program emphasizing identification of destructive thinking patterns and replacement with constructive recovery-driven thoughts and actions. The female programs utilize gender specific cognitive behavioral evidence-based material developed by the Federal Bureau of Prisons, along with material from Stephanie Covington, a pioneer in work with female criminal justice populations.

### **PROGRAM STRUCTURE**

ACDP programs encompass four major service levels for offenders. There are two community-based residential treatment programs for probationers and parolees; DART Cherry for male probationers and parolees and Black Mountain Substance Abuse Treatment Center for Women for female probationers and parolees. The other three categories established for male and female inmates consist of intervention, intermediate, and long-term treatment within eighteen prison facilities.

Unique in some ACDP treatment environments is the concept of a “Therapeutic Community” (TC) as the core component of treatment design. The therapeutic community model views drug abuse as a disorder of the whole person. Treatment activities promote an understanding of criminal thinking in relation to substance abuse behavior and engage the offender in activities that encourage experiential and social learning. The inmate community is the main driving force in bringing about change, as inmates who are further along in treatment help others initiate the process of change.

The ACDP prison-based programs were originally designed to work with inmates at the beginning of their sentences, this mission has changed over time. As noted in the 2002 report, the Substance Abuse Advisory Council recommended treatment programs for offenders reach completion near the end of their sentences rather than at the beginning. The research-supported best practice finding suggests that release of an offender from treatment directly into the community is more beneficial to retaining treatment gains than to release offenders back into the general prison population.

## SCREENING AND REFERRAL FOR PRISON-BASED PROGRAMS

Eligibility for prison-based treatment programs is established during diagnostic processing. In 2003, ACDP implemented the Substance Abuse Subtle Screening Inventory (SASSI) as a severity indicator of substance abuse problems. The SASSI replaced earlier screening tools, the Chemical Dependency Screening Test (CDST) and Short Michigan Alcoholism Screening Test (SMAST). ACDP selected the SASSI because it has a reputation as the “gold standard” of screening instruments. The SASSI was normed for the North Carolina prison population.

ACDP staff administers the SASSI to inmates during the diagnostic process and enters the recommended level of treatment into OPUS. The SASSI identifies the probability that an inmate has a substance abuse disorder. SASSI testing has allowed ACDP to identify those offenders who need treatment, using scoring categories normed for ACDP ranging from 1 (no problem) to 5 (very serious problem). The range of scores with the ideal treatment recommendations are as follows:

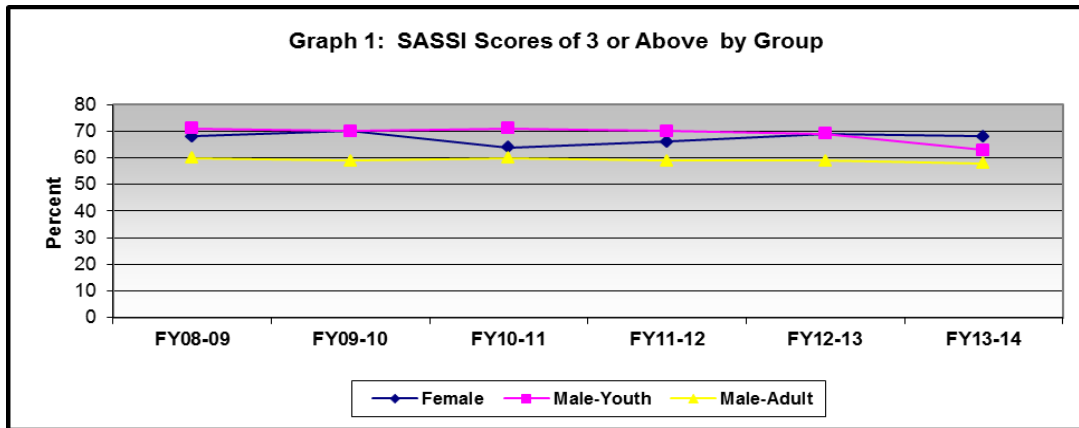
<b><u>SASSI Score</u></b>	<b><u>Recommendation</u></b>	<b><u>Program</u></b>
1	No treatment	None
2	Intervention	None
3	Intermediate treatment	90 days
4	Intermediate/long-term treatment	90 -180 days
5	Long-term treatment	120-365 days

During FY 2013-2014, 16,525 newly admitted inmates completed the SASSI. The SASSI identified 58% of the inmates needed intermediate or long-term treatment services (these are scores 3, 4, and 5) and an additional 24% where in need of substance abuse intervention. There are differences in the SASSI scores among the three demographic groups presented in Table 2 below.

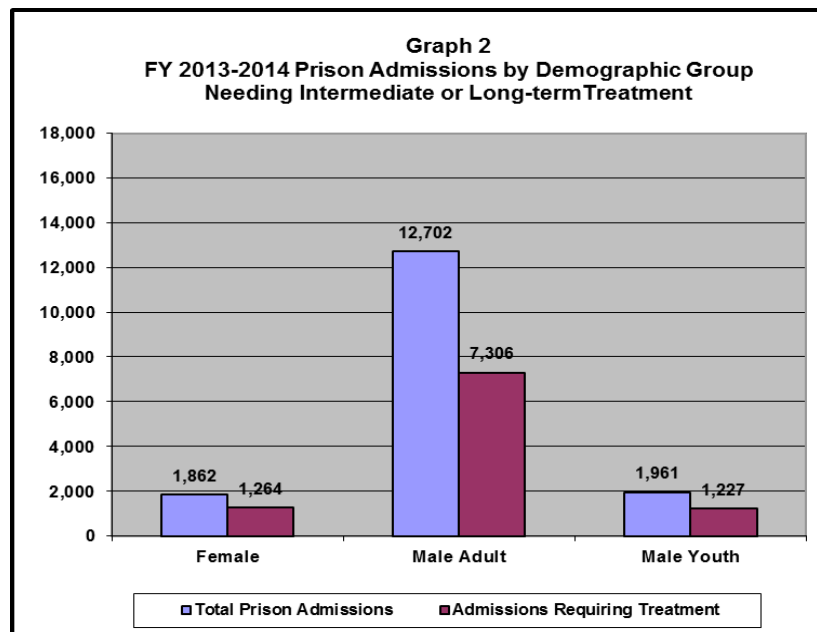
**Table 2 - 2013-2014 Prison Entries and SASSI Scores**

<b>Inmate Group</b>	<b>SASSI Score</b>				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Female</b>	266 (14%)	332 (18%)	427 (23%)	479 (26%)	358 (19%)
<b>Male – Adult</b>	2171 (17%)	3225 (25%)	4659 (36%)	1891 (15%)	756 (6%)
<b>Male – Youth</b>	340 (17%)	394 (20%)	550 (28%)	334 (17%)	343 (17%)
<b>Totals</b>	<b>2777 (17%)</b>	<b>3951 (24%)</b>	<b>5636 (34%)</b>	<b>2704 (16%)</b>	<b>1457 (8%)</b>

Graph 1 reflects the percentage of SASSI scores of 3 or more by demographic group during the current fiscal year and the past five fiscal years indicating a need for intermediate or long-term treatment. The female and male-adult demographic group's need for treatment has remained steady with in decrease in the male-youth group this fiscal year 2013-2014. The female demographic group has shown an increase in need for treatment since FY2010-2011 that leveled off this fiscal year 2013-2014. The need for intermediate and long-term treatment for all three groups still ranges from 59% to 69%.

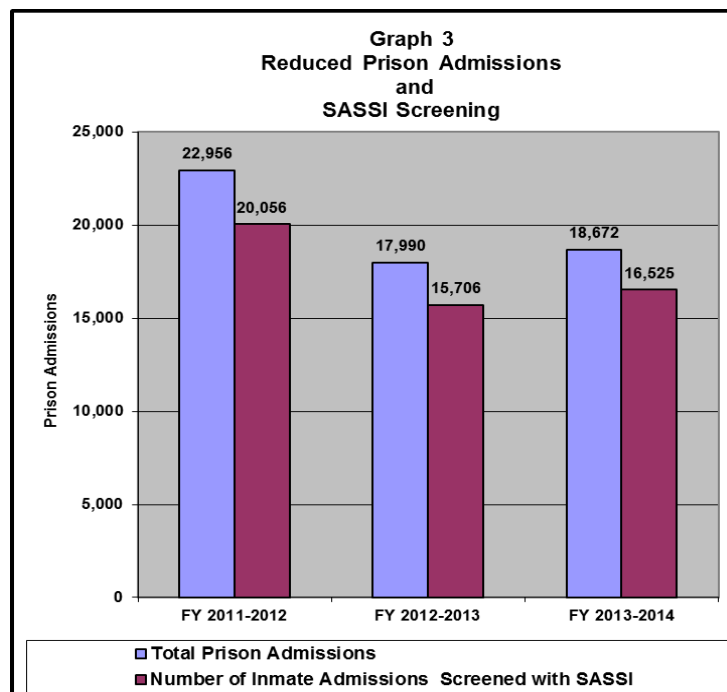


Graph 2 compares FY 2013-2014 prison admissions by demographic group and each demographic group's need for intermediate or long-term substance abuse treatment, those with a SASSI score of 3 or more.



As reflected in Graph 2, the male youth and female demographic groups have smaller admission numbers but have a higher percentage of population in need of intermediate or long-term treatment services, 63% of male youth admissions and 68% of female admissions. The adult male population is the largest population to serve in number. Although the percentage of adult male admissions needing treatment is smaller than the male youth and female demographic group, the actual number of adult males 7,306 is the largest overall pool of admissions in need of intermediate and long-term substance abuse treatment services. As noted later in this report, only 24% of males in need of long-term treatment have a chance of placement in a long-term treatment program.

Of all the admissions into prison during FY 2013-2014, 89% completed the SASSI. As reflected in Graph 3, the number of SASSI screenings increased from 15,706 in FY 2012-2013 to 16,525 in FY 2013-2014. Prison admissions also increased during the same period from 17,990 in FY 2012-2013 to 18,672 in FY 2013-2014. Approximately 11% of inmates were not screened due in part to serious health conditions and other issues.



Prison case analysts assigned to the diagnostic centers use the SASSI scores entered by ACDP staff to determine priority for substance abuse programming. A referral may be generated in OPUS by the case analyst if the inmate has a SASSI score of three or above providing prisons with an identified pool of inmates eligible for substance abuse programming. Depending on program type and program space availability, some inmates who have completed the diagnostic process and referred into the eligible pool will be transferred directly from the diagnostic center to a prison facility for ACDP program assignment. After arrival at the prison facility, the inmate is then assigned to the ACDP program on the *Inmate Activity Assignment* screen in OPUS. This is one of many opportunities for inmate assignment to an ACDP program.

Other inmates who have completed the diagnostic process and are eligible for substance abuse programming are transferred to other prisons and assigned to a prison unit case manager who may facilitate their transfer and assignment to an ACDP program at another time during their incarceration. There are instances where inmates are not referred due to the inmate's need for other programs, scheduling constraints, operational needs in prisons, or sentences which are shorter than available treatment.

## SCREENING AND REFERRAL FOR COMMUNITY-BASED PROGRAMS

G.S. §15A-1343(b)(3) mandates that participation of probationers in a residential program must be based on a screening and assessment that indicates chemical dependency. Representatives from Treatment Accountability for Safer Communities (TASC) complete the assessment in the community to determine appropriateness of assignment to a community-based facility.

For probationers and parolees, Judges may order participation in a community-based residential treatment program as a condition of probation or the Post-Release Supervision and the Parole Commission may order participation as a condition of parole. Eligible offenses include driving while impaired or other drug charges/convictions.

## CLINICAL SUPERVISION

- **Clinical supervision** is a formal process of professional support and learning which enables individual clinicians to develop knowledge and competence to meet ethical, professional, and best-practice standards. Clinical supervision provides staff with the opportunity to develop and improve clinical skills, thus enhancing work satisfaction, reducing work stress, and giving program participants the best possible treatment. Clinical supervision promotes quality clinical practice in addition to ensuring the safety and welfare of program participants.

"Clinical supervision has become the cornerstone of quality improvement in the substance abuse treatment field. In addition to providing a bridge between the classroom and the clinic, clinical supervision improves client care, develops the professionalism of clinical personnel, and imparts to and maintains ethical standards in the field." *SAMSHA – Substance Abuse and Mental Health Services Administration*

The Alcoholism and Chemical Dependency Programs Section (ACDP) recognizes Clinical Supervision as an essential component of good quality clinical service provision and expects all staff engaged in clinical interaction with offenders receive regular clinical supervision by suitably qualified supervisors and/or clinical supervisors approved by the North Carolina Substance Abuse Professional Practice Board (NCSAPPB) and as required by North Carolina General Statute (G.S. §90-113.40).

- **Learning Labs**

All registrants and certified full or part-time counselors delivering substance abuse services require clinical supervision. ACDP has approximately 125 employees who fall into this category. ACDP has developed the “Group Learning Lab” in an effort to provide another clinical supervision vehicle to meet the North Carolina Substance Abuse Professional Practice Board’s (NCSAPPB) expectation for clinical oversight of all providers of substance abuse services, as required by North Carolina General Statute (G.S. §90-113.40).

The primary goal of the “Group Learning Lab” is to improve counselor skills in a process group setting. The lab is designed to provide three or four hours of clinical supervision for certified counselors each month and combines counselors from several settings/locations affording the opportunity to learn new methods of working effectively with various offenders within ACDP’s assortment of programs. The design permits time for exploration of skills, teaching by master clinicians (LCAS and CCS), counselor role-plays, and feedback. This group format provides an excellent forum for counselors to practice skill development in a safe and supportive environment and to observe the modeling actions of how other counselors handle certain situations. ACDP implemented the “Group Learning Labs” in September 2009.

## **QUALITY ASSURANCE**

- **File Reviews**

To ensure compliance with the standards established for case management, electronic data entry, offender record content, quality of service delivery, and the appropriateness of services delivered; a formal treatment file review process is used. The review process provides management with three different review types and perspectives. ACDP, working in conjunction with the NCDPS MIS, implemented the Case File Review and Peer Reviews. The data generated by these reviews enable ACDP to track the results of each established review element thereby assisting management in the identification of areas that need additional attention, program strengths, job performance, and training needs.

- **Program Evaluations**

Brief Situational Confidence Questionnaire (BSCQ):

The Brief Situational Confidence Questionnaire (BSCQ) assesses an offender’s self-confidence to resist the urge to drink heavily or use drugs in eight situations. The tool evaluates the increase or decrease in self-efficacy from two different times and provides program feedback.

“Individuals in recovery have very different levels of confidence regarding their ability (self-efficacy) to change and abstain from substances. Some are overly confident, while others feel hopeless about achieving sobriety or even reducing use. Self-efficacy, particularly with respect to capabilities for overcoming alcohol dependence or abuse is an important predictor of treatment outcome. Self-efficacy questionnaires ask clients to rate how risky certain situations are and to estimate their confidence in how well they would do in avoiding the temptation to use substances in these situations. The numerical scores provide an objective measure of a client's self-efficacy for a specific behavior over a range of provocative situations.” *Substance Abuse and Mental Health Services Administration (SAMHSA)*

ACDP implemented the BSCQ in the intermediate programs, long-term programs, and DART Cherry program in September 2009. Black Mountain Substance Abuse Treatment Center for Women implemented the BSCQ in November 2010.

#### Criminal Thinking Scales (CTS):

The Criminal Thinking Scale (CTS) was developed by the Institute of Behavioral Research at Texas Christian University in Dallas, Texas in an effort to provide criminal justice treatment providers with a brief and cost-effective tool for measuring the criminal thinking among offenders. Criminal justice literature highlights criminal thinking as one of several key determinates of an individual's willingness to commit crime both before and after criminal justice sanctions have been applied. The instrument uses six scales that represent distinct elements of anti-social cognitions and attitudes based on a national sample of male and female offenders. The results of the CTS survey provides treatment programs with a method to document the impact of program interventions and the change in offender thinking and attitudes that have been associated with drug use and criminal activity.

ACDP long-term programs implemented the CTS in fiscal year 2007-2008. Intermediate programs and the DART Cherry program staff implemented the CTS on 3/1/2010. Black Mountain Substance Abuse Treatment Center for Women implemented the CTS in November 2010. A more in-depth discussion on program evaluations begins on page 30.

▪ **Training**

Trainings during FY 2013-2014 focused on enhancing professional development by providing approved hours for counselor certification/recertification. The ACDP trainer facilitated 378 hours of training. The following training modules were offered during the 2013-2014 fiscal year:

- ♦ Nicotine Dependence
- ♦ Treating Veterans
- ♦ One Size Doesn't Fit All: "Gender Specific Needs and Treating Persons Who Are Gay, Lesbian, Bisexual, and Transgender"
- ♦ The DSM-V and the Substance Abuse Professional
- ♦ Treating the Addicted Sex Offender
- ♦ Clinical Supervision
- ♦ Group Counseling Techniques: "Role Play/Guided Imagery/Documentation/Time Management and More"
- ♦ Peer Review
- ♦ Female Sex Offenders
- ♦ Cultural Competency
- ♦ Ethical Issues: "HIV and Aids"
- ♦ Stress Management
- ♦ Relapse Prevention: "Preserving the Addiction Professional"
- ♦ Personality Disorders

The following outside agencies sent staff to participate in ACDP trainings:

- ♦ Treatment Accountability for Safer Communities (TASC)
- ♦ Federal Bureau of Prisons
- ♦ DPS Nursing Staff
- ♦ DPS Social Workers
- ♦ Drug Treatment Court
- ♦ Department of Juvenile Justice
- ♦ ACDP Student Interns
- ♦ Western Piedmont Community College



## DETAILS OF ANY NEW INITIATIVES AND EXPANSIONS OR REDUCTION OF PROGRAMS

### NEW INITIATIVE AND PROGRAM EXPANSIONS

**Southern Correctional Institution:** ACDP opened a new 32 bed treatment program for female inmates. The program addresses both Mental Illness and Substance Abuse in the same treatment environment. This is a “first of its kind” collaborative effort between ACDP and Prison Mental Health program teams. A federal RSAT grant provides for 75% of the funding with a state match of 25%. The first admissions to this long-term program arrived on 8/9/2013.

**Neuse Correctional Institution:** ACDP opened a program serving 32 male inmates with DWI convictions. The program targets inmates with a short time remaining on their sentence (35 to 90 day program) and utilizes the curriculum, “Prime for Life”, designed specifically for the DWI offender. This program was awarded a GCC grant that provides 75% of the funding with a state match of 25%. The first admissions to this program arrived on 9/27/2013.

**Harnett Correctional Institution:** ACDP opened a program to serve 33 male inmates that have identified substance abuse as well as an identified sexual offense. This is a unique collaborative effort between the ACDP team and the SOAR (Sexual Offenders Accountability & Recovery) program. The first admissions to the 90-day program arrived on 9/3/2013.

**Alexander Correctional Institution:** ACDP opened a new 41 bed substance abuse treatment program to serve male inmates. ACDP worked in collaboration with Prisons to select a site to house Western Youth Institution’s treatment beds due to the closure of that prison facility. The 90-day program received the first admissions on 1/27/2014. In addition to the 41 full-time treatment beds, there will be an additional 41 part-time beds for a continuum of care component. The 41 part-time bed Continuum of Care Component has not been assigned a projected start date at this time. Some of the ACDP Western Youth staff was reassigned to Alexander Correctional Institution. The remaining staff has been permanently assigned to other ACDP programs in an effort to improve the counselor/inmate ratio.

**Johnston Correctional Institution:** ACDP worked in collaboration with Prisons to select a site to house Wayne Correctional Center’s treatment beds due to the closure of that prison facility. The 90-day program at Johnston Correctional is projected to open in July of 2014 with 68 treatment beds. Some of the ACDP Wayne Correctional Center program staff will be reassigned to Johnston Correctional Institution to run the program. The remaining staff has been permanently assigned to other ACDP programs in an effort to improve the counselor/inmate ratio.

**Substance Abuse Subtle Screening Inventory (SASSI):** In 2003, ACDP implemented the SASSI as a severity indicator of substance abuse problems. SASSI testing has allowed ACDP to identify those offenders who need treatment using scoring categories normed for ACDP ranging from 1 (no problem) to 5 (very serious problem). During the diagnostic process, an ACDP staff member administers the SASSI to all newly incarcerated individuals to determine eligibility for an available program. Effective July 1, 2014, ACDP will establish a more effective and efficient use of resources by having staff only administer the SASSI to inmates that have not previously tested at a 3, 4, or 5 scoring category.

**Substance Abuse Worker (SAW) Training:** ACDP training focuses on enhancing professional development. The ACDP trainer facilitated 378 hours of training during FY 2013-2014. Beginning October 2014, ACDP will implement on-going training for the community-based facility SAW staff. The training will focus on operational safety and security in a therapeutic environment.

## **PROGRAM REDUCTIONS**

**ACDP Western Youth Institution Program:** On 8/22/2013, the ACDP Western Youth Institution's 90-day treatment program census dropped to zero and the treatment program officially closed. The Western Youth Institution facility officially closed on 1/1/2014 as one of the five prison closings ordered by the General Assembly due to state budget cuts. The ACDP 90-day program consisted of 48 treatment beds and 4 Treatment Assistant beds and had the capacity to serve 230 inmates annually. Although the ACDP Western Youth program closed, ACDP retained their staff and treatment beds for placement at Alexander Correctional Institution. Some of the staff positions were reassigned to other ACDP programs in an effort to improve the counselor/inmate ratio.

**ACDP Wayne Correctional Center Program:** On 9/11/2013, the ACDP Wayne 90-day treatment program closed. Wayne Correctional Center facility officially closed on 10/1/2013 as one of the five prison closings ordered by the General Assembly due to state budget cuts. The ACDP Wayne program consisted of 142 treatment beds and 14 Treatment Assistant beds and had the capacity to serve 631 inmates annually. The program began operating at a reduced capacity level due to staff shortages in May 2013. The program stopped taking new admissions in July 2013 so all current participants could complete the program prior to the facility's closing. Although the ACDP Wayne program closed, ACDP retained their staff and treatment beds for placement at Johnston Correctional Institution. Some of the staff positions were reassigned to other ACDP programs in an effort to improve the counselor/inmate ratio.

**ACDP Fountain Correctional Center for Women:** On 1/1/2015, the ACDP Fountain Women's long-term treatment program is scheduled to close due to prison closings ordered by the General Assembly due to state budget cuts. The ACDP long-term program consists of 42 treatment beds and has the capacity to serve approximately 126 inmates annually. Although the ACDP Fountain program is scheduled to close, ACDP is working in collaboration with Prisons to select a site to house the Fountain Correctional Center for Women's treatment beds.

## **DETAILS ON ANY TREATMENT EFFORTS CONDUCTED IN CONJUNCTION WITH OTHER DEPARTMENTS**

### **North Carolina Department of Health and Human Services (NCDHHS); Division of Mental Health, Developmental Disabilities and Substance Abuse (DD, MH, SAS); Accountability Team Assurance Unit**

Alcoholism and Chemical Dependency Programs Section (ACDP) management continue to meet with DHHS as set forth in G.S. §148-19d and the Memorandum of Agreement between DHHS and the North Carolina Department of Correction (now known as the Division of Adult Correction in the Department of Public Safety as of January 1, 2012). ACDP meets with DHHS on the proposed monitoring schedule, the tool used by DHHS for the evaluation of ACDP programs, and to receive DHHS feedback. Each program is evaluated every two years and includes a review of records, observations, and interviews with staff. The DHHS monitoring tool utilized during program evaluations consists of selected standards from the national Commission on Accreditation of Rehabilitation Facilities (CARF) Behavioral Health Standards Manual. Feedback from DHHS is used to improve treatment services provided by the section.

### **NCDHHS, MH, DD, SAS**

#### **Treatment Accountability for Safer Communities (TASC)**

G.S. §15A-1343(b)(3) mandates that probationers in a residential treatment program must be screened and assessed for chemical dependency. Representatives from TASC complete the offender's assessment in the community to determine appropriateness for assignment to either DART Cherry for male offenders or to Black Mountain Substance Abuse Treatment Center for Women for female offenders. TASC works closely with both community-based treatment facilities to determine if offenders are appropriate for residential treatment. Their assessments also contain a summary of the offenders medical and psychiatric conditions and any medications they are currently taking. Upon release from both residential facilities, TASC is instrumental in ensuring offenders have outpatient treatment providers who will treat them upon their return to the community.

#### **Multiple Agencies Participated in ACDP Trainings:**

- ♦ Treatment Accountability for Safer Communities (TASC)
- ♦ Federal Bureau of Prisons
- ♦ DPS Nursing Staff
- ♦ DPS Social Workers
- ♦ Drug Treatment Court
- ♦ Department of Juvenile Justice
- ♦ ACDP Student Interns
- ♦ Western Piedmont Community College

## **UTILIZATION OF THE COMMUNITY-BASED PROGRAMS AT DART CHERRY AND BLACK MOUNTAIN SUBSTANCE ABUSE TREATMENT CENTER FOR WOMEN**

### **COMMUNITY-BASED RESIDENTIAL TREATMENT**

The Alcoholism and Chemical Dependency Programs Section has two community-based residential treatment facilities, DART Cherry and Black Mountain Substance Abuse Treatment Center for Women.

Judges may order participation in a community-based residential treatment program as a condition of probation or the Post-Release Supervision and the Parole Commission may order participation as a condition of parole. As noted on the previous page, G.S. §15A-1343(b)(3) mandates that participation of probationers in a residential program must be based on a screening and assessment that indicate chemical dependency. Representatives from Treatment Accountability for Safer Communities (TASC) complete the assessment in the community to determine appropriateness.

Both programs are dedicated to a holistic treatment approach, the programs address individual needs in six major life areas: (a) alcohol and drug use, (b) medical/physical health, (c) education & vocational, (d) family/social, (e) legal status and (f) psychological and mental health diagnosis. Facility counselors are trained in substance abuse recovery principles and are licensed, certified, or registered with appropriate state counseling practice boards.

Upon completion of a community-based residential treatment program, the offender's counselor develops a complete aftercare plan. The aftercare plan is included in the case file material which is returned to the offender's supervising probation/parole officer to ensure continued treatment follow-up in the community and the completion of the aftercare plan.

The community-based facilities do not have detoxification units. Offenders requiring intensive detoxification including hospital accommodations/monitoring are not appropriate for assignment to a residential treatment bed (including priority beds) at a community-based facility.

## DART CHERRY

DART Cherry is a 300 bed community-based residential facility in Goldsboro that provides residential substance abuse treatment services to male probationers and parolees. During FY 2013-2014, the facility had 1,311 admissions into the program.

The facility has three 90-day Therapeutic Community (TC) programs in separate buildings, each with 100 treatment slots. The Therapeutic Community model views drug abuse as a disorder of the whole person. Treatment activities promote an understanding of criminal thinking in relation to substance abuse behavior and engage the offender in activities that encourage experiential and social learning. The community of offenders is the main driving force in bringing about change. TC programs admit three cohorts of offenders through the 90-day period. This entry style allows the more senior offenders or “family members” to provide a positive and guiding influence on new offenders coming into the program.

DART Cherry also provides 5 treatment slots that are designated as “priority” beds that are available for probationers or parolees who are experiencing severe substance dependence related problems and are in need of immediate admission to the 90-day residential treatment program.

**Table 3 - 2013-2014 DART Cherry Enrollments**

Program Type and Type of Supervision	Offenders Enrolled	Percent of Annual Enrolled
<b>90-day Parole</b>	145	11%
<b>90-day Probation</b>	1,166	89%
<b>Totals</b>	<b>1,311</b>	<b>100%</b>

Table 4 below presents the exits from DART Cherry. Of all exits from the program, 82% were completions – the satisfactory participation in the program for the required number of treatment days. Completions decreased from 83% in FY 2012-2013 to 82% in FY 2013-2014. This decrease was affected by the increase of offenders that exited the program due to removal/disciplinary or was identified as inappropriate upon arrival. All other exit types decreased or remained the same.

**Table 4 - 2013-2014 DART Cherry Exits**

Exit Reason	90-Day Program	
<b>Completed</b>	867	82%
<b>Absconded/Withdrawn</b>	76	7%
<b>Transferred/Released</b>	6	1%
<b>Removed/Discipline</b>	76	7%
<b>Inappropriate for Treatment</b>	19	2%
<b>Other</b>	9	1%
<b>Totals</b>	<b>1053</b>	<b>100%</b>

## BLACK MOUNTAIN SUBSTANCE ABUSE TREATMENT CENTER FOR WOMEN

Black Mountain Substance Abuse Treatment Center for Women is a 60 bed residential treatment facility offering a 90-day program that provides chemical dependency treatment services to probationers sent by the courts and to parolees released from prison and transitioning home to the community. During FY 2013-2014, the facility had 303 admissions to the program. The Black Mountain program embraces evidence-based practice design and provides a multi-disciplinary approach, focusing on group and individual therapy in addition to substance abuse education. The Center offers a program that:

- ♦ Encourages healthy social living skills;
- ♦ Integrates cognitive-behavior interventions using a core curriculum (Residential Drug Abuse Program);
- ♦ Provides motivational enhancement therapy;
- ♦ Utilizes selected material from Stephanie Covington's work addressing women's recovery/trauma; and
- ♦ Introduces the program participant to a variety of self help recovery groups.

**Table 5 - 2013-2014 Black Mountain Enrollments**

Program Type and Type of Supervision	Offenders Enrolled	Percent of Annual Enrolled
90-day Parole	12	4%
90-day Probation	291	96%
<b>Totals</b>	<b>303</b>	<b>100%</b>

As reflected in Table 6 below the majority of offenders at Black Mountain exited the program as successful completions. Completions for offenders on probation decreased from 85% in FY 2012-2013 to 79% in FY 2013-2014. This decrease was affected by an increase of offenders who absconded and offenders who were determined to be inappropriate for treatment after arrival. All other exit types decreased or remained the same.

**Table 6 - 2013-2014 Black Mountain Exits**

Exit Reason	90-Day Program	
<b>Completed</b>	199	79%
<b>Absconded/Withdrawn</b>	9	3%
<b>Transferred/Released</b>	0	0%
<b>Removed/Discipline</b>	20	8%
<b>Inappropriate for Treatment</b>	21	8%
<b>Other</b>	4	2%
<b>Totals</b>	<b>208</b>	<b>100%</b>

**STATISTICAL INFORMATION ON THE NUMBER OF CURRENT INMATES WITH SUBSTANCE ABUSE PROBLEMS REQUIRING TREATMENT, NUMBER OF TREATMENT SLOTS, NUMBER OF INMATES WHO HAVE COMPLETED TREATMENT, AND A COMPARISON OF AVAILABLE TREATMENT SLOTS TO ACTUAL UTILIZATION RATES.**

**INTERMEDIATE PROGRAMS**

Intermediate ACDP programs are available in 12 prison facilities across the state and have a program length of 90 days.

Programs begin with a mandatory 15-day orientation, where ACDP staff members conduct assessments to confirm the inmate's need for treatment. After the orientation and depending upon the results of the assessment and the inmate's level of motivation, the inmate may opt to leave the program. Otherwise, the inmate will continue to the treatment phase of the program. Treatment involves lectures, group counseling, and is designed to break through denial about the substance abuse problem and introduce the inmate to recovery-based thinking and actions.

Table 7 below presents data on the enrollment into the intermediate ACDP programs. The majority of the programs are open-ended such that weekly enrollments and exits are coordinated with prison transfer schedules. This coordination results in fluctuations in the number of inmates actually enrolled in the treatment program. The total annual enrollment for intermediate ACDP programs continued to decrease from 4,188 in FY 2012-2013 to 3,431 in FY 2013-2014.

There is some variation among the different facilities with utilization rates ranging from 32% to 100%. The overall capacity utilization rate for intermediate programs decreased from 87% in FY 2012-2013 to 82% in FY 2013-2014. The ACDP program capacity utilization rate for intermediate programs was affected during FY 2013-2014 by two prison closures and staffing. Additional information on these programs is provided in Table 7 below.

**Table 7 – 2013-2014 Enrollment in Intermediate Prison-Based Programs**

Facility	Treatment Slots	Annual Enrollment	Average Daily Enrollment	Days with Inmates	Capacity Utilization Rate (%)
Alexander Correctional Center	41	109	31	155	76%
Catawba Correctional Center	30	210	30	365	100%
Craggy Correctional Center	62	418	62	365	100%
Harnett Correctional Institution	30	107	25	331	83%
Lumberton Correctional Center	58	364	58	365	100%
NC Correctional Institution for Women	64	462	64	365	100%
Pender Correctional Institution	98	630	99	365	101%
Piedmont Correctional Institution	88	492	92	365	105%
Rutherford Correctional Center	34	232	31	365	91%
Swannanoa Correctional Center for Women	90	276	53	365	59%
Wayne Correctional Center	142	93	46	73	32%
Western Youth Institution	48	38	22	53	46%
<b>Totals</b>	<b>785</b>	<b>3,431</b>	<b>613</b>		<b>82%</b>

As noted earlier in this report, the overall capacity utilization rate was affected by the following program closures and available staffing:

**ACDP Western Youth Institution Program:** On 8/22/2013, the ACDP Western Youth Institution's 90-day treatment program census dropped to zero and the treatment program officially closed. The Western Youth Institution facility officially closed on 1/1/2014 as one of the five prison closings ordered by the General Assembly due to state budget cuts. The ACDP 90-day program consisted of 48 treatment beds and 4 Treatment Assistant beds and had the capacity to serve 230 inmates annually. Although the ACDP Western Youth program closed, ACDP retained their staff and treatment beds for placement at Alexander Correctional Institution. Some of the staff positions were reassigned to other ACDP programs in an effort to improve the counselor/inmate ratio.

**ACDP Wayne Correctional Center Program:** On 9/11/2013, the ACDP Wayne 90-day treatment program closed. Wayne Correctional Center facility officially closed on 10/1/2013 as one of the five prison closings ordered by the General Assembly due to state budget cuts. The ACDP Wayne program consisted of 142 treatment beds and 14 Treatment Assistant beds and had the capacity to serve 631 inmates annually. The program began operating at a reduced capacity level due to staff shortages in May 2013. The program stopped taking new admissions in July 2013 so all current participants could complete the program prior to the facility's closing. Although the ACDP Wayne program closed, ACDP retained their staff and treatment beds for placement at Johnston Correctional Institution. Some of the staff positions were reassigned to other ACDP programs in an effort to improve the counselor/inmate ratio.



### Intermediate Substance Abuse Treatment Need Compared to Treatment Availability

An initial assessment of supply and demand for intermediate substance abuse treatment was completed for FY 2012-2013 to compare the number of intermediate treatment slots available to the number of inmates within the prison population in need of substance abuse treatment. As shown in Table 8 below male inmates in need of intermediate treatment had a 57% chance of being assigned to an ACDP intermediate treatment program during FY 2013-2014,

**Table 8 - 2013-2014 Yearly Need to Yearly Supply for Intermediate Substance Abuse Treatment Slots by Gender and Program Type**

Gender	Program Type	Yearly Treatment Slots	Yearly Treatment Need	Chance of Program Placement
Females	Intermediate	708	436	162%
Males	Intermediate	2,198	4,909	45%
	Total	2,906	5,345	54%

The need for intermediate substance abuse treatment services for males is significant within the prison population and presents a major challenge to the Alcoholism and Chemical Dependency Programs Section. Female inmates in need of intermediate treatment have an excellent chance of placement.

**Table 9 - 2013-2014 Exits from Intermediate ACDP Programs**

Type of Exit	Number of Exits	Percent of all Exits
Completion	1,873	72%
Inappropriate for Treatment	60	2%
Other	63	3%
Removed/Discipline	319	12%
Transferred/Released	80	3%
Withdrawal	212	8%
<b>Total</b>	<b>2,607</b>	<b>100%</b>

Table 9 above presents the exits from ACDP intermediate treatment programs. Of all exits from the program, 72% were completions - the satisfactory participation in the program for the required number of treatment days. Completions remained the same from FY 2012-2013.

- Inappropriate for Treatment remained the same at 2%: This exit type consists of inmates who did not meet the clinical criteria for treatment at the program as determined by their assessment. When inmates are assigned to a treatment program, program staff conducts a thorough assessment of the inmate's treatment needs.
- Other remained the same at 3%: This exit type consists of inmates who were demoted or promoted to another custody level requiring the inmate's reassignment to another prison facility, inmates who died, or inmates who were assigned to the program in error.
- Removed/Discipline increased 1%: This exit type consists of inmates who were removed from the treatment program by staff for administrative reasons or due to the inmate's behavior.
- Transferred/Released remained the same at 3%: This exit type occurs when the inmate is moved to another prison facility or was released from prison due to coming to the end of their sentence.
- Withdrawal increased 1%: At the end of the orientation period, the inmate may elect to continue or withdraw from the program. The withdrawal exit type is made up of inmates who voluntarily withdrew from the treatment program against staff advice at the end of the orientation period or later during the treatment period. These inmates were referred back to their Prison Case Manager for an alternative assignment.

## LONG-TERM TREATMENT PROGRAMS

Long-term treatment programs within ACDP range from 120 to 365 days. These programs are reserved for inmates who are in need of intensive treatment as indicated by SASSI scores of 4 or 5, whose abuse history is both lengthy and severe, and those with multiple treatment episodes. Long-term treatment programs address substance abuse and criminal thinking issues throughout the treatment process. All long-term programs are back-end loaded, that is, inmates successfully complete the program and then leave prison immediately or soon thereafter.

Prison-based programs utilize a modified Therapeutic Community (TC) model within the correctional environment. Annual enrollment figures for each long-term prison-based program are listed in Table 10 below.

**Table 10 - 2013-2014 Enrollment in Long-Term Prison-Based Treatment Programs**

Facility	Treatment Slots	Annual Enrollment	Average Daily Inmates	Days with Inmates	Capacity Utilization Rate (%)
Dan River PWF	66	230	59	365	89%
Morrison Correctional Institution	88	274	85	365	97%
Piedmont Minimum Correctional Center	32	82	31	365	97%
Fountain Correctional Center for Women	42	155	36	365	86%
NC Correctional Institution for Women	34	106	28	365	82%
Southern Correctional Institution	30	89	27	325	90%
Polk Correctional Institution	32	143	30	365	94%
<b>Totals</b>	<b>324</b>	<b>1,079</b>	<b>295</b>		<b>89%</b>

The overall capacity utilization rate for long-term programs decreased from 93% in FY 2012-2013 to 89% in FY 2013-2014. The total annual enrollment for long-term programs decreased from 1,089 in FY 2012-2013 to 1,079 in FY 2013-2014. Additional information is below.

- The program at Southern Correctional Institution is a new long-term (180-365 days) substance abuse treatment program that started on 8/9/13 with 5 inmates. Program enrollments gradually grew with the program operating at close to full capacity (90%) during FY2013-2014.
- The NC Correctional Institution for Women long-term program for female inmates continues to struggle with census. The program's FY 2011-2012 capacity rate was 85% with a 3% decrease for FY 2012-2013. The criterion for the program was modified in FY 2011-2012 in an effort to expand the eligibility pool for this target population. However, the capacity utilization rate remained at 82% during FY 2013-2014. The ability to sustain this female long-term program has remained a challenge.

**Table 11 - 2013-2014 Exits from Long-Term Treatment Programs**

Type of Exit	Number of Exits	Percent of all Exits
Completion	321	46%
Inappropriate for Treatment	22	3%
Other	27	4%
Removed/Discipline	168	24%
Transferred/Released	40	5%
Withdrawal	127	18%
<b>Totals</b>	<b>705</b>	<b>100%</b>

A total of 705 inmates exited the prison-based long-term substance abuse treatment programs during FY 2013-2014. Forty six percent successfully completed the program requirements for the FY 2013-2014; this was a 5% increase from FY 2012-2013. All other exit types with the exception of “Inappropriate for Treatment and “Transferred”, as defined below, increased.

- Inappropriate for Treatment stayed the same at 3%: This exit type consists of inmates who did not meet the clinical criteria for treatment at the program as determined by their assessment. When inmates are assigned to a treatment program, program staff conducts a thorough assessment of the inmate’s treatment needs.
- Other decreased increased 1%: This exit type consists of inmates who were demoted or promoted to another custody level requiring the inmate’s reassignment to another prison facility, inmates who died, or inmates who were assigned to the program in error.
- Removed/Discipline increased 4%: This exit type consists of inmates who were removed from the treatment program by staff for administrative reasons or due to the inmate’s behavior.
- Transferred/Released increased 1%: This exit type occurs when the inmate is moved to another prison facility or was released from prison due to coming to the end of their sentence.
- Withdrawals increased 3%: At the end of the orientation period inmates may elect to continue or withdraw from the program. The withdrawal exit type is made up of inmates who voluntarily withdrew from the treatment program against staff advice at the end of the orientation period or later during the treatment period. These inmates were referred back to their Prison Case Manager for an alternative assignment.

The prison-based long-term treatment programs have the highest percentage of exits due to removals and withdrawals. During FY 2013-2014, Dan River Prison Work Farm, Southern Correctional Institution, Morrison Correctional Institution, and Polk Youth Correctional Institution had the highest removal rate. North Carolina Correctional Institution for Women, Dan River Prison Work Farm, Piedmont Correctional Institution, and Southern Correctional Institution had the highest withdrawal rate. By definition, these are the longest treatment programs with more opportunity over time for an inmate to be charged with a disciplinary infraction unrelated to the program. Additionally, the population served is a significant factor in that higher-risk inmates are assigned to these programs.

With a long-term program, there are instances where inmates receive disciplinary infractions and are able to return to the program; however more serious or disruptive behaviors can result in a final exit due to disciplinary reasons.

### **Long-Term Substance Abuse Treatment Need Compared to Treatment Availability**

An initial assessment of supply and demand for long-term substance abuse treatment was completed for FY 2006-2007 to compare the number of long-term treatment slots available to the number of inmates within the prison population in need of long-term substance abuse treatment. ACDP continued this assessment for FY 2013-2014 for comparative purposes.

The need for long-term substance abuse treatment services is significant within the prison population and presents a challenge to the Alcoholism and Chemical Dependency Programs Section. Long-term treatment program need continues to exceed long-term treatment supply.

As shown in Table 12 below the largest gap exists in long-term treatment slots available for male inmates and the number of male inmates in need of treatment. During FY 2013-2014 male inmates had a 24% chance of being assigned to a long-term treatment program; this is an increase as 21% of male inmates had a chance of program placement.

**Table 12 - 2013-2014 Yearly Need to Yearly Supply for Long-Term Residential Substance Abuse Treatment Slots by Gender and Program Type**

Gender	Program Type	Yearly Treatment Slots	Yearly Treatment Need	Chance of Program Placement
Females	Long-term	194	371	52%
Males	Long-term	659	2,714	24%
Totals		853	3085	27%

## INTERVENTION PROGRAM

The male intervention program is designed for misdemeanor offenders incarcerated for DWI. The program uses cognitive behavioral interventions, incorporates evidence-based modules, and utilizes a state-sanctioned curriculum that addresses changing behaviors and attitudes associated with drinking and driving.

**Table 13 - 2013-2014 Enrollment in the Intervention Program**

Facility	Treatment Slots	Annual Enrollment	Average Daily Inmates	Days with Inmates	Capacity Utilization Rate (%)
Neuse Correctional Institution	32	236	30	365	94%
<b>Totals</b>	<b>32</b>	<b>236</b>	<b>30</b>	<b>365</b>	<b>94%</b>

The overall capacity utilization rate for intervention program was 94% in FY 2013-2014

**Table 14 - 2013-2014 Exits from the Intervention Program**

Type of Exit	Number of Exits	Percent of all Exits
Completion	182	90%
Inappropriate for Treatment	1	1%
Other	4	2%
Removed/Discipline	2	1%
Transferred/Released	13	6%
Withdrawal	0	0%
<b>Totals</b>	<b>202</b>	<b>100%</b>

A total of 202 inmates exited the intervention program during FY 2013-2014. Ninety percent successfully completed the program requirements. All other exit types are as defined below.

- Inappropriate for Treatment: This exit type consists of inmates who did not meet the clinical criteria for treatment at the program as determined by their assessment. When inmates are assigned to a treatment program, program staff conducts a thorough assessment of the inmate's treatment needs.
- Other: This exit type consists of inmates who were demoted or promoted to another custody level requiring the inmate's reassignment to another prison facility, inmates who died, or inmates who were assigned to the program in error.
- Removed/Discipline: This exit type consists of inmates who were removed from the treatment program by staff for administrative reasons or due to the inmate's behavior.
- Transferred/Released: This exit type occurs when the inmate is moved to another prison facility or was released from prison due to coming to the end of their sentence.
- Withdrawals: At the end of the orientation period inmates may elect to continue or withdraw from the program. The withdrawal exit type is made up of inmates who voluntarily withdrew from the treatment program against staff advice at the end of the orientation period or later during the treatment period. These inmates were referred back to their Prison Case Manager for an alternative assignment.

**EVALUATION OF EACH SUBSTANCE ABUSE PROGRAM FUNDED BY THE DIVISION OF ADULT CORRECTION OF THE DEPARTMENT OF PUBLIC SAFETY. EVALUATION MEASURES INCLUDE REDUCTION IN ALCOHOL AND CHEMICAL DEPENDENCY, IMPROVEMENTS IN DISCIPLINARY AND INFRACTION RATES, RECIDIVISM (DEFINED AS RETURN-TO-PRISON RATES), AND OTHER MEASURES OF PROGRAMS' SUCCESS.**

## **ALCOHOLISM AND CHEMICAL DEPENDENCY PROGRAMS EVALUATION MEASURES**

### **PURPOSE AND EXECUTIVE SUMMARY**

Annually, since the 2007 legislative session, the North Carolina General Assembly has required an evaluation of each substance abuse treatment program funded by the Department (ACDP). The legislation specified that measures of reduction in alcohol and drug dependency, improvements in disciplinary and infraction rates, and recidivism (defined as return-to-prison rates) should be included in the annual report. This section presents statistics for each of the ACDP programs on the required measures for fiscal year 2013-2014.

All ACDP programs were evaluated jointly by program type. The programs include DART-Cherry and Black Mountain Substance Abuse Treatment Center for Women, both community residential facilities for probationers and parolees; Intermediate treatment, which varies in length from 35 days to 180 days in order to accommodate inmates with more serious substance abuse issues; and Long-term treatment which serves inmates with a need for intensive substance abuse treatment services.

### **REDUCTION IN ALCOHOL AND CHEMICAL DEPENDENCY**

ACDP evaluated reduction in alcohol and drug dependency using a repeated measures design, which is a comparison of pre and post intervention testing results. ACDP uses the *Brief Situational Confidence Questionnaire* (BSCQ) to measure change in alcohol and drug dependency. Offenders who exited ACDP programs in FY 2013-2014 almost universally improved their confidence to resist the urge to drink heavily or use drugs in a variety of situations. At community programs, confidence scores moved from the high 50s into the high 70s and 80s confidence range. In prison-based programs, the increases were more modest, moving from the low 60s into the low 70s confidence range. Inmates participating in long-term treatment programs and with the most severe substance abuse issues had the most modest improvement, yet the increases in confidence for this population were statistically significant in all sampled circumstances. For participant in all programs, confidence in their ability to resist use in situations where they were testing their control over use of alcohol or drugs were typically less in magnitude; nonetheless, the confidence increases in this area were significant from entry to the program to exit at all programs.

The BSCQ is a measure that is relevant to the treatment model and provides a consistent measure that can be used on all inmates assigned to programs. The BSCQ asks participants to imagine themselves as they are now in each of eight situations. They are then asked to indicate on a scale how confident they are that they can resist the urge to drink heavily or to use drugs in each of the situations. Each of the 8 scale situations consists of line, anchored by 0% ("not at all confident") and 100% ("totally confident") and participants are asked to place an "X" along the line, from 0% to 100%. Because the BSCQ is a state measure, assessing self-efficacy at various points during treatment allows for an evaluation of increases or decreases in self-efficacy as a function of the intervention. ACDP assessed situational confidence at entry and exit.

### **IMPROVEMENTS IN DISCIPLINARY AND INFRACTION RATES**

ACDP evaluated improvement in disciplinary and infraction rates with a repeated measures design, which is a comparison of disciplinary actions that were taken pre and post intervention. For inmates who completed long-term programs in FY 2013-2014 and remained in prison after exiting treatment, the number of infractions was steady after treatment. Otherwise, neither the rate of infractions nor the severity of infractions committed by inmates who remained in prison after exiting the programs were significantly reduced by participation in these programs. Rather, infractions generally increased post-treatment over pre-treatment. However, inmates who successfully completed treatment had a smaller increase in infractions and in the severity of those infractions when compared to inmates who dropped out of these programs.

These results are not surprising since infractions are relatively rare and since inmates who exit prison cannot be evaluated on this measure because they are no longer in prison. As such, ACDP incorporates an additional measure of change in inmate behavior that can be used on all inmates assigned to programs. The results of changes in criminal attitudes and thinking are presented in the "Other Measures of Programs' Success" portion of this section.

### **RETURN-TO-PRISON RATES**

A base rate calculation measures recidivism by simply observing exits from a program and calculating a rate of return-to-prison for that group. However, this calculation does not provide a complete picture of program effectiveness because it fails to consider differences among inmates that indicate who is more likely to return to prison. More specifically, base rate calculations cannot account for severity of substance abuse disorders, family and criminal history, and other interventions that the inmate may have completed while incarcerated. For these reasons, ACDP evaluated each program's impact on recidivism (defined as a return to prison with 3 years) using statistical techniques that consider potential differences among inmates and create equivalent groups appropriate for comparison. This method not only shows when completion of a ACDP program impacts the likelihood of return-to-prison, but also allows for comparison of program participants with inmates not assigned to an ACDP program. Because these techniques (i.e., propensity score analysis) produce a matched subset of inmates, summary statistics using base rate calculations or alternate methodologies for determining return-to-prison rates may produce different figures.



For FY 2013-2014, ACDP evaluated each prison program by gender, including inmates who exited community residential programs (DART-Cherry or Black Mountain) as a condition of their early release from prison. Return-to-prison rates were lower for inmates who completed treatment in intermediate programs compared to a matched comparison group. Male completers of intermediate programs returned at statistically significant lower rates than their matched counterparts. Similarly, female completers of intermediate programs also returned at statistically significant lower rates than their matched counterparts. Inmates who began ACDP treatment but dropped out before completing the programs tended to return to prison at a higher rate than did their matched counterparts, who were never assigned to treatment.

## OTHER MEASURES OF PROGRAMS' SUCCESS

ACDP continues to incorporate an additional measure of behavior change within their programs. The TCU Criminal Thinking Scales (CTS) is relevant to the treatment model and provides a consistent measure that can be used on all inmates assigned to programs. The criminal justice literature highlights criminal thinking as one of several key determinates of an individual's willingness to commit crime both before and after criminal justice sanctions have been applied. Research has shown when anti-social attitudes and cognitions are addressed; risk of future offending can be reduced.

Results of testing show that participating inmates lower their scores on virtually all the CTS subscales. In general, participating inmates significantly reduced their level of entitlement beliefs, justifications of criminal behavior, criminal rationalization, and personal irresponsibility. Scores on the cold heartedness and power orientation subscales were not statistically lower at the long-term treatment programs. The results on the cold heartedness subscale are consistent with those of several years' participants and we are uncertain why the scores on this scale do not change for long term participants.

## FY 2013-2014 Summary of Findings:

- For participants in all programs (prison-based and community-based), the participant's increased confidence in their ability to resist the urge to drink or use drugs was significant from entry into the program to exit. Community-based residential programs improved their confidence significantly by moving from the high 50s into the 70s and 80s confidence range. Prison-based programs improvements were more modest, moving from the low 60s into the low 70s confidence range.
- Return to prison rates were lower for inmates who completed treatment in all programs compared to a matched comparison group.
  - ♦ **Return-to-Prison** rates were lower for inmates who completed treatment in intermediate programs compared to counterparts.
  - ♦ **Male** inmates who completed intermediate programs in FY 2013-2014 returned to prison at statistically significant lower rates than their counterparts.
  - ♦ **Female** inmates who completed intermediate programs in FY 2013-2014 returned to prison at statistically significant lower rates than their counterparts.
- Overall, disciplinary and infraction rates are not good indicators of program impact.